Registration Form

Name:					For Office Use Only:
D.O.B.:	Age: M/F:				
Address:					Date:
City:					Total Fee:
Parent Name:D.O.B.:				How Paid:	
Home Phone:		Work Phone:			Receipt:
Emergency	Contact Name & Num	ber:			
Course #	Program Name	Program Time	Fee	Approved	M/C VISA
					Expiration Date:
					Authorization:
					Additionzation.
Lwaive liability of per	sonal harm arising out of my participat	ion in PARD programs and accen	at responsibility	for it	
	sonarnam ansing out or my participat				
olgilature	(Parent or Guardian if un		•		
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	D.B.:				Date:
	Address:				Total Fee:
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		D.O.B.: Work Phone:			
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Emergency	Contact Name & Num	ber:			
Course #	Program Name	Program Time	Fee	Approved	M/C VISA
					Expiration Date:
					Authorization:
	sonal harm arising out of my participat				
Signature: _	(Parent or Guardian if un		:		
(Parent or Guardian if under 18)					